Human Writes

STATE HUMAN RIGHTS COMMITTEE NEWSLETTER

Summer 2006

Volume I, Issue 3

Welcome

Welcome to the third edition of *Human Writes*, a quarterly newsletter from the State Human Rights Committee (SHRC). The purpose of this newsletter is to share ideas, problems, solutions and other items of mutual interest among the Local Human Rights Committees and the SHRC.

Please submit your thoughts and ideas to:

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Or e-mail to:
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LHRC SPEAK

(This will be a regular article in future editions.)

Acronyms, Acronyms, acronyms…
How do we live with them? How do we live without them? Providers use them on a regular basis and so much so that sometimes they have forgotten what they mean! So as a lay member of an LHRC, how can we too learn what they mean without having to ask, ask, ask each time a provider uses one? Sure, we can ask the providers to not use them or we can keep asking providers what they mean, but after asking for the third time, I would just rather look it up on a cheat sheet! Is there a list? What's an LHRC to do?

-Anon

Dear Anon,
Your problem is solved! At the end of this issue, you will find an exhaustive list of acronyms courtesy of Cora Swett, Office of Consumer Affairs, Prince William County. See how fast we work? Hope to hear from more of you soon.

--The Editors

FYI

SHRC/LHRC Seminar 2006

The Office of Human Rights and SHRC received over 140 responses to the survey about potential presentation topics fro the Seminar. The topic receiving the most "votes' was 'training on the changes to the human rights regulations.' In light of the delay in the public comment period for the regulations, and the wish to receive training on the revised regulations, the Office of Human Rights and the SHRC have made the difficult decision to postpone the Seminar until late winter or early

spring 2007. We will notify you as soon as a new date has been determined. We are disappointed in having to make this change but feel it will enable us to have a better Seminar for all. Thanks to everyone who completed a survey and for your understanding about the change in the date of the Seminar.

Regulations Update

The revised regulations are not yet out for public comments. We anticipate that they will be approved for public comment at any time. Stay tuned for more information.

Hail & Farewell

We are very pleased to welcome two staff to new positions, one a new employee and the other an employee who has been promoted. Congratulations to Deb Lochart for being hired as the Regional Advocate for the Northern Virginia area. Deb was previously the human rights advocate at NVTC. Welcome to Andrea Coleman who has joined the Office of Human Rights as the children and adolescent advocate for Region V. Andrea is working out of the Eastern State Hospital Office under the supervision of Reginald Daye. The Office Human Rights recently said goodbye to Virginia Goodell, Hunan Rights Advocate at Eastern State Hospital and Region V. We wish Virginia well in her new position.

Meet The Advocate

(Each edition of Human Writes will profile one of the Advocates.
This edition introduces Jim Bowser, Regional Advocate of Region IV.)

Hello all! I am Jim Bowser, Regional Advocate of Region IV. Currently, there are over 600 individual programs licensed by the DMHMRSAS and 181 providers who are providing MHMR and SA services within the region (help!). The region also includes three facilities: Central State Hospital, Southside Virginia Training Center and Hiram W. Davis Medical Center.

The human rights staff of Region IV includes six people: Tonya Cunningham, Michael Curseen, Beverly Garnes, Rose Mitchell, Yolanda Smith and myself.

Tonya, the relative newcomer of the group, has a BA from St. Paul's College and a Masters degree in Counseling Education from Virginia State University. Tonya has been with the Office of Human Rights for six years. She has advocacy responsibilities for Hiram Davis and Central Sate Forensics.

Mike has a BA in Psychology from Lincoln University. Mike has served as the lead advocate for Central State Hospital for 15 years. Previous to this, Mike served as Assistant Program Manager for Habilitation Services at SVTC. Mike has 27 years of service with the DMHMRSAS.

Beverly has been employed by SVTC for 32 years, first serving as a social worker for 15 years, and as an advocate for 17 years. Beverly has a BA in Sociology from North Carolina Central University.

Rose, Executive Secretary and Office Manager of the regional office has provided administrative support to the Region IV staff and the Central State Hospital LHRC for close to 5 years.

Yolanda, Executive Secretary and Office Manager of the SVTC human rights office has provided

administrative support to Beverly and the SVTC LHRC for 17 years.

I have a BA in Sociology from Norfolk State College (now University) and a MSW degree in Social Work from Fordham University. I have 28 years of service with the Commonwealth. I have spent the last 22 years of my career as the Region IV Regional Advocate. I love my job! Throughout my whole career, I have never had a job that I have enjoyed more. I truly believe that everyday my staff and I make a difference in the quality of life of the individuals we serve.

There are 12 Local Human Rights Committees operating in Region IV: Central State Hospital LHRC, Chesterfield LHRC, Crater LHRC, Goochland-Powhatan LHRC, Hanover LHRC, Henrico LHRC, Hiram W. Davis LHRC, Metro Richmond LHRC, Petersburg Regional LHRC, Richmond Tri-Cities LHRC, Richmond Unified LHRC and SVTC LHRC.

Each LHRC is staffed with dedicated volunteers who provide commitment, caring and expertise to the important task of protecting the rights of individuals we serve. Collectively, they are truly the heroes of the rights protection system. I am honored to have known and to have become associated with all past and current LHRC members.

In order to sustain an effective human rights system, we all must continue to identify and recruit LHRC and SHRC members with the dedication, commitment, courage and passion for protecting the rights of individuals we serve.

"Our deeds determine us, as much as we determine our deeds."
-George Eliot, *Adam Bede*-

Meet the LHRC Honoree

(This issue spotlights Loretta Redelman, Chair of the Fairfax-Falls Church LHRC. Each issue will introduce an outstanding LHRC member. Your nominations are welcome.)

2006 is my 70th year of enjoying a wonderful and productive life - 48 years of marriage to my husband Roger, five children and nine grandchildren. I am a product of "Housier" education - Hobart High School and Indiana University School of Dental Hygiene. We have lived in Virginia (permanently) since 1975, after going wherever the United States Marine Corps sent us, for over 20 years. My introduction to the special needs population began as a volunteer at the Northern Virginia Training Center in Fairfax (NVTC). I was fortunate to be hired as the Staff Dental Hygienist in the Dental Clinic in 1978 and retired in 1988. Deciding that I wanted to stay in the field, I continued my education at George Mason University and in 1994 received a BS in "Oral Health for the Special Needs Population."

My first initiation to the Human Rights System was my direct involvement with the residents at NVTC. After I retired from the dental clinic, I became a member of their Local Human Rights Committee and became more involved in the Human Rights issues that affect all of us, but particularly our most vulnerable citizens, on a day-to-day basis. When my term at NVTC was complete, I was appointed a member of the State Human Rights Committee, serving one year as Chair. At the present time, I am the Chair of the Fairfax-Falls Church LHRC.

My biggest fantasy would be that we could eliminate all of the rules and regulations, the Human Rights Committees and the "watchdogs" because there would not be a need for them. My dreams would include safe places, clean environment, adequate and accessible health care, recreation opportunities, increased community settings, housing alternatives for those that require a special level of care, adequate staffing ratios, community-based services for our citizens and the acceptance of all those for whom we serve. I believe we need to stand tall, come forward and set an example to our fellow citizens that each life is important and we need to advocate for those most vulnerable among us. I would like to see more people involved with the human rights system and more training done by the LHRC committee to affiliating programs. I also want to see LHRC members become acquainted with the programs affiliated with their own committee, preferably with visits to the group homes or day support programs. Those for whom we service must see our faces and make the connection to our role in their lives. All of the citizens we serve must be informed that their "RIGHTS" do not disappear when they are developmentally disabled, medically compromised, incapacitated, substance addicted or mentally ill.

In addition, the Northern Virginia Long-Term Ombudsman Program is a program advocating for the rights of those citizens in long-term care and assisted-living facilities in our area. This is my 8th year of volunteering at Commonwealth Care Center in Fairfax. This year, our program received one of the 2006 Acts of Caring Awards given by Freddie Mac and the National Association of Counties. It was a privilege to be selected, along with another volunteer, to accompany Nancy Cavicke, the Volunteer Coordinator and Gerry Hyland, member of the Fairfax County Board of Supervisors, to the Rayburn Building to accept this award on behalf of the 66 volunteers who serve in this capacity. It was such an awe-inspiring experience to see the room filled with ordinary people being recognized for doing extraordinary volunteer work throughout the United States.

Issues

On March 10th of this year, I had the pleasure of meeting with the SHRC to review and provide a brief update on the status of the discharge planning efforts in our state Mental Health Facilities. Specifically, we discussed consumers that are ready for discharge that have not been placed in the community due to extraordinary barriers and the efforts and structures we have in place to ensure movement toward successful discharge and community placement.

Our system has nine designated Mental Health Facilities including the Commonwealth Center for Children and Adolescents and Piedmont Geriatric Hospital, which serve specific age groups. Collectively, we experience approximately 6,000 admissions and about 6,000 discharges per year. After completing the course of treatment and the consumer cannot be discharged to the community within 30 days they are determined to have extraordinary barriers to discharge. At any given time, on average, our statewide list of consumers with extraordinary barriers is 135 or approximately two percent of our total discharges during a year.

Once a consumer is determined to have extraordinary barriers to discharge, several activities occur. The consumer's case management Community Services Board (CSB) completes a report that specifies those barriers to community placement and the steps they will be taking to address those barriers. Those reports are forwarded to DMHMRSAS and Facility Director where treatment has been provided. Then by both policy and proactive, the consumer, their LAR (if applicable), the CSB and the consumer's treatment team meet no less than monthly to work collectively to address those barriers

and promote the discharge.

In addition, we address census management issues on a regional level. Statewide, these regions consist of the Adult Mental Health Facility and the primary CSBs in their catchment area. Each region, seven in total, has a utilization management review process whereby those individuals and the specific barriers are addressed collectively. These groups meet at least monthly in a problem-solving, system-improving and often resource-sharing manner that ultimately results in the individual's community placement. This is not to say that they are homogeneous in either their process or approach as reflected by the names of their committees. In Northern Virginia, it's DAD or discharge and diversion that addresses barriers, in Central Virginia, RAC or regional access committee or in the Western part of the state, UMT or the utilization management team. The constant theme is the creative and dedicated efforts these groups are making to ensure that individual needs are met and community tenure is established as well as enhanced.

At the March 10th meeting we also had a productive discussion about the 25 consumers in our state mental health facilities that have had extraordinary barriers for a year or more. We found that a vast majority of these individuals experience barriers that are either legal in nature or occur with individuals who have complex psychiatric and medical needs combined with significant social histories that would indicate a high degree of risk. Legal Barriers were best represented by Not Guilty by Reason of Insanity Aquittees (NGRIs) who are clinically ready for discharge by are subject to the discretion of the local courts and the mandated privileging processes required for return to the community. For those individuals with multiple needs and significant social histories the greatest barrier is not necessarily the financial resources for the placement, but an appropriate service environment and a provider capable of addressing the multiple needs.

Since our meeting in March, seven of those 25 identified individuals have been discharged to the community. For those remaining, active, creative and aggressive discharge planning is continually occurring for consumers with extraordinary barriers to discharge as it is with the other 1,524 consumers we have in our state facilities at this writing. It's a pleasure to be a part of such a dynamic system and I look forward to further discussion with the SHRC.

Russell C. Payne, MAPA
Community Support Consultant
Office of Mental Health, DMHMRSAS

Toward Making DMHMRSAS Facilities Tobacco-Free

James Evans, M.D.

There has been discussion within the DMHMRSAS for some time about making our facility campuses smoke and tobacco-free. Consideration has been given to this subject at meetings of facility directors, medical directors, and other venues such as the Clinical Services Quality Management Committee. More recently, presentations on this subject have been made to the Mental Health Planning Council, the Human Rights Committee and other groups that included various interested parties, including consumers and advocates. After careful consideration in a series of meetings, the Department has determined that establishing a plan to make DMHMRSAS campuses smoke and

tobacco-free is indicated. A meeting to undertake initial planning toward implementation is scheduled to take place at Central State Hospital on June 27, 2006 at 1:30.

Some of the factors which have led to this decision are listed below. It is appreciated that there are strong opinions on this matter, and the list below is intended to provide the rationale from a medical and psychiatric perspective, with the understanding that there are a number of other considerations deserving of attention. Please note that at the end of the list are several suggestions regarding timing and implementation; facilities are already providing these services and the changes would be primarily in an increase in availability.

- Cardiovascular disease is the leading cause of death in the United States
- Smoking is a leading cause of preventable death in the United States
- Smoking is a risk factor for cardiovascular disease
- Even secondhand smoke is thought to cause 3,000 lung cancer deaths and between 37,000 to 50,000 cardiovascular deaths a year
- Adults with mental illness are at least twice as likely to smoke as are adults without mental illness
- Smoking rates in the seriously mentally ill with schizophrenia or bipolar disorder are estimated at 45% to 75%
- The greater the number of an individual's psychiatric diagnoses, the greater the likelihood that he or she is a cigarette smoker
- People with mental illness are more likely to be heavy smokers (greater than 20 cigarettes per day than are smokers without mental illness)
- Smoking affects the blood levels of psychoactive drugs
- Smokers are in a constant cycle of intoxication and withdrawal which affects their mental status and brain function, including cerebral blood flow
- Nicotine Dependence is a DSM-IV diagnosis
- Tobacco smoking is the most frequent form of substance abuse because of the addictive properties of nicotine
- Smoking worsens the metabolic syndrome of elevated cholesterol, lapidarian and diabetes as well as hypertension
- Many people in DMHMRSAS facilities have medical conditions (co-morbidities) and are a population especially vulnerable to the harmful effects of smoking
- Treating the co-morbidities complicates the treatment of the primary MH/MR/SA diagnosis
- Smoking cessation does not worsen the MH/MR/SA condition or diagnosis
- Supporting smoking as providing symptom relief is an argument that addictive drugs should be used for symptom relief
- States that have implemented smoke/tobacco free campuses have done so without incident or negative impact
- A smoke/tobacco free campus has the support of the medical directors of our state facilities
- Implementation would take place in a measured, step-wise manner

<u>Suggestions</u>:
1. Public announcement of plan with 6-month lead-in time
2. Stepped-up educational and counseling services on smoking cessation
3. Smoking cessation supports, nicotine patches, nicotine gum both prior to and after

implementation of a tobacco-free campus

Although the walls of secondhand smoke in inpatient units have been cleared, many patients remain heavily addicted to nicotine, and the system must work to address their withdrawal and cessation needs. In terms of lives saved, quality of life, and cost efficiency, treating smoking is considered to be the most important activity a clinician can undertake. The nation has progressed to a focus on health, with restrictions on tobacco and mandates for cessation; we cannot continue to allow psychiatry to lag behind.
–*"Treatment of Tobacco Use in an Inpatients Psychiatric Setting," Psychiatric Services, November 2004.*

Our findings that pulmonary illness is the most prevalent physical health problem among persons with serious mental illness and that it is second only to infectious diseases like AIDS in being the most severe and mortality-related condition replicate findings from other studies. Our study findings also underscore the fact that smoking is unusually high among persons with mental illness.
–*"Prevalence, Severity and Co-occurrence of Chronic Physical Health Problems of Persons with Serious Mental Illness," Psychiatric Services, November 2004*

Frequently Used Acronyms

A

AAA - Area Agency on Aging
ACTS - Action in the Community Through Services
ADC - Adult Detention Center
AG - Attorney General
ARC - Association for Retarded Citizens
ASAP - Alcohol Safety Action Program

B

BMC - Behavior Management Committee
BOCS - Board of County Supervisors

C

CADRE - Commonwealth Alliance for Drug Rehabilitation and Education
CARF - Commission on the Accreditation of Rehabilitation Facilities
CD - Chemical Dependency
CDBG - Community Development Block Grant
CIP - Capital Improvement Project
CMI - Chronically Mentally Ill
COALITION - Coalition for the Mentally Disable Citizens of Virginia
CON - Certificate of Need
CPMT - Community Policy and Management Team
CRI - Community Residence Inc.
CSA - Comprehensive Services Act
CSB - Community Services Board
CSP - Comprehensive Support Program
CSS - Community Support Services
CVTC - Central Virginia Training Center
CXO - County Executive

D

DARE - Drug Awareness Rehabilitation and Education
DD - Developmental Disabilities
DD - Dually Diagnosis
DMAS - Department of Medical Assistance Services
DMHMRSAS or The Department - Department of Mental Health, Mental Retardation and Substance Abuse Services
DOC - Department of Corrections
DOH - Department of Health
DORM - Drug Offenders Rehabilitation Module
DORS - Drug Offenders Recovery Services
DPB - Department of Planning and Budget
DRS - Department of Rehabilitative Services

DSS - Department of Social Services
DVH - Department for the Visually Handicapped

E
EI - Early Intervention
EMT - Extended Management Team

F
FAPT - Family Assessment and Planning Team
FEMA - Federal Emergency Management Agency
FOIA - Freedom of Information Act
FY - Fiscal Year (State and County - 7/1 to 6/30; Federal 10/1 to 9/30

H
HCFA - Health Care Finance Administration
HIDTA - High Intensity Drug Trafficking Area
HIPAA - Health Insurance Portability and Accountability Act
HJR - House Joint Resolution
HR - Human Rights
HT - Horticultural Therapy
HAS - Health Services Area/Health Systems Administration
HAS II - Health Systems Agency II
HSMT - Human Services Management Team

I
IAPSRS - International Association of Psychosocial Rehabilitation Services
ICC - Interagency Coordinating Council
ICF - Intermediate Care Facility
ICF/MR - Intermediate Care Facility/Mentally Retarded
ICON- Industrial Concepts of Northern Virginia
IFB - Invitation for Bid
IG - Inspector General
INSIGHT - Incentives for Normal Social Interaction - Group Homes Today

J
JCAH - Joint Commission for Accreditation of Hospitals
JLARC - Joint Legislative Audit and Review Commission

L
LAR - Legally Authorized Representative
LHRC - Local Human Rights Committee
LTMI - Long Term Mentally Ill

M
MADD - Mothers Against Drunk Driving
MCV - Medical College of Virginia

MH - Mental Health
MHA - Mental Health Association
MHA/V - Mental Health Association of Virginia
MHAC - Mental Health Advisory Council
MIS - Management Information Systems
MR - Mental Retardation
MR/ED - Mentally Retarded/Emotionally Disturbed (Dually Diagnosed Individuals)
MRAC - Mental Retardation Advisory Council
MT - Management Team

N
NAMI - National Alliance for the Mentally Ill
NIMH - National Institute of Mental Health
NO VA CSB - Northern Virginia Community Services Board
NVMHI - Northern Virginia Mental Health Institute
NVPDC - Northern Virginia Planning District Commission
NVTC - Northern Virginia Training Center

O
OCFA - Office of Consumer and Family Affairs
OED - Office of Executive Director
OEM - Office of Executive Management
OMB - Office of Management and Budget
OIT - Office of Information and Technology

P
PAIR - Parents and Associates of the Institutionalized Retarded
PAMI - Potomac Alliance for the Mentally Ill
PD - Planning District
PDC - Planning District Commission
PIE- Parent-Infant Education Program
POS - Purchase of Service

Q
QA - Quality Assurance

R
RFP-Request for Proposals

S
SA- Substance Abuse
SAAC - Substance Abuse Advisory Council
SAARA - Substance Abuse and Addition Recovery Alliance
SADD - Students Against Drunk Driving
SAMHSA - Substance Abuse and Mental Health Service Administration
SAVAS - Sexual Assault Victims Advocacy Services

SED - Seriously Emotionally Disturbed
SEP - Supported Employment Program
SB - Senate Bill
SHRC - State Human Rights Committee
SILA - Supervised Independent Living Arrangement
SJP - Senate Joint Resolution
SMI - Seriously Mentally Ill
SOI - Solicitation of Bid
SPO - State Plan Option
SPQA - Senate Productivity and Quality Award
SSDI - Social Security Disability Income
SSI - Supplemental Security Income

U
UR - Utilization Review

V
VACSB - Virginia Association of Community Services Boards
VADAP - Virginia Association of Drug and Alcohol Programs
VAMI - Virginia Alliance for the Mentally Ill
VASAP - Virginia Alcohol Safety Action Program
VDH - Virginia Department of Health
VICC - Virginia Interagency Coordinating Council
VOA - Volunteers of America
VOPA - Virginia Office for Protection and Advocacy

W
WSH - Western State Hospital

Y
YAFS - Youth, Adult, and Family Services